

MINNESOTA WING CIVIL AIR PATROL

ACTIVITY NOTIFICATION FORM

Activity Name:				Date(s):				
Squadron Sponsoring Activity:				Location of Activity:				
Type: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Aircraft Out of MN <input type="checkbox"/> Awards Presentation <input type="checkbox"/> BlueCAP <input type="checkbox"/> CAC Meeting <input type="checkbox"/> Cadet Activity </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Commander's Call <input type="checkbox"/> Corporate Learning Course <input type="checkbox"/> Flight Clinic <input type="checkbox"/> Fund Raising <input type="checkbox"/> Level I </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Public Relations <input type="checkbox"/> Recruiting <input type="checkbox"/> Squadron Leadership School <input type="checkbox"/> Social <input type="checkbox"/> Other: </td> </tr> </table>						<input type="checkbox"/> Aircraft Out of MN <input type="checkbox"/> Awards Presentation <input type="checkbox"/> BlueCAP <input type="checkbox"/> CAC Meeting <input type="checkbox"/> Cadet Activity	<input type="checkbox"/> Commander's Call <input type="checkbox"/> Corporate Learning Course <input type="checkbox"/> Flight Clinic <input type="checkbox"/> Fund Raising <input type="checkbox"/> Level I	<input type="checkbox"/> Public Relations <input type="checkbox"/> Recruiting <input type="checkbox"/> Squadron Leadership School <input type="checkbox"/> Social <input type="checkbox"/> Other:
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Location:				Project Officer:				
				Project Officer's Telephone:				
Total Cost: \$ Cost per Attendee: \$ Remaining Costs: \$ Wing Finance Officer/Committee:			To Pay for Cost of Food: \$ to pay for Based on How many attendees: Cadets Seniors. To be paid by:					
VEHICLE TYPE			AIRCRAFT REQUESTED					
Type	How Many?	Source	Type	How Many?	Source			
Transportation Officer:			Operations Officer:					
RADIOS REQUESTED			OTHER SUPPORT REQUESTED					
Type	How Many?	Source						
Communications Officer:			Public Affairs Officer:					
Comments:								
Requested by: (Name and Address):				Date:				
				Telephone:				
Group CC: Recommend <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval			Date:		Telephone:			
Wing CC/CV/CS: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			Date:		Wing Calendar (CV):			
					DOS:			